



Force Response Training Safety Certification FETC FORM 26

OFFICER INFORMATION

Name: _____
(Please Print)

SSN#: _____ County: _____

Note: All individuals participating in FORCE RESPONSE training must review and sign this certification. Refusal or failure to sign will result in denial of any participation in the training event.

FORCE RESPONSE Training Safety Rules

1. Do you have any physical disability, limitation, illness or any other condition that might impair your ability to safely participate in any aspect of FORCE RESPONSE training?
Yes_____ No_____ (Initials)_____.
2. Are you currently under the influence of any medication (prescription or non-prescription)?
Yes_____ No_____ (Initials)_____. If you answered **YES** to this question, answer Question 3. If you answered **NO** to this question skip question 3 and 4 and go to question 5.
3. Will the influence of any medication you are taking effect, in any way, your ability to safely handle a firearm and/or safely participate in this training? Yes_____ No_____ (Initials)_____. If you answered **YES** to this question, answer question 4.
4. If you are taking any medications do you have a doctor's authorization or clearance to participate in FORCE RESPONSE training activities? Yes_____ No_____ (Initials)_____. If you answered **NO** to this question **Stop**.
5. Are you currently under the influence of alcohol? Yes_____ No_____ (Initials)_____. If you answered **YES** to this question **Stop**.

RULES AND PROCEDURES

I acknowledge and agree to observe and comply with the following procedures and requirements and I certify that I will conform to all safety rules and procedures associated with participation in FORCE RESPONSE training.

1. I will not bring any weapons, magazines or ammunition to the training site at any time.

2. I will always keep my finger outside the trigger guard until I intend to fire. I understand this also applies to drawing and holstering my firearm.
3. After every scenario I will decock my firearm before holstering.
4. I will wear appropriate clothing at all times during training, which will not allow any exposed skin areas.
5. I will wear all protective equipment properly and will not remove it until given the command to do so by an instructor.
6. I understand there will be no eating, drinking, or any use of tobacco while in the SAFE ZONE.
7. I understand participants are never permitted to leave the SAFE ZONE until the TSO declares the site cold.
8. I understand that all participants must immediately comply with all commands issued by instructors.
9. I certify that I am familiar with the functioning of my safety equipment and that I am capable of using it in an effective manner.
10. I certify that I am in compliance with the Commission's equipment requirements.
11. I understand that if I violate any training safety rules or procedures I will be immediately removed from the training site and that my ability to continue in the training will be at the sole discretion of the officer in charge.

I certify and declare that this document and any attachments contain no misrepresentations or falsification; omission or concealment of material fact and that information given by me is true and complete to the best of my knowledge and belief. I am signing this document with the full understanding that submission of any misrepresentation or falsification, or the omission or concealment of material fact will subject me to all available civil and/or criminal penalties, including the penalties under 18 Pa.C.S.A. § 4904.

_____ Date: _____
(Signature)